

## **REQUEST FOR MEDIATION**

Instructions: To avoid delay in processing your request, please complete the form neatly, accurately, and completely. The form should be delivered or mailed to:

**Family Court Commissioner  
510 Main Street  
P.O. Box 146  
Kewaunee, WI 54216**

Referred by: (check one) Self \_\_\_\_ Family Court \_\_\_\_ Other \_\_\_\_

Is there currently pending in court an action for custody or physical placement (visitation) concerning the child(ren)?

Yes \_\_\_\_ No \_\_\_\_

Has either parent engaged in interspousal battery [§940.19 or §940.20(1m)] or domestic abuse [§813.12(1)(am)]?

Mother: Yes \_\_\_\_ No \_\_\_\_                      Father: Yes \_\_\_\_ No \_\_\_\_

Has either parent completed an educational program on the effects of divorce on children and providing training in parenting or co-parenting skills?

Mother: Yes \_\_\_\_ No \_\_\_\_                      Father: Yes \_\_\_\_ No \_\_\_\_

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Complainant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Present Attorney \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Phone No.: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Work Hours: \_\_\_\_\_

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Other Party \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Present Attorney \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Phone No.: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Work Hours: \_\_\_\_\_

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Minor Child(ren)

Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SEE REVERSE SIDE TO COMPLETE FORM.**

- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Rev. 05-2014)